

**SUCCESSOR LIABILITY WITH JOINT AND SEVERAL LIABILITY AGREEMENT**

This section is to be signed and dated by provider transferor and transferee applicant:

\_\_\_\_\_ and \_\_\_\_\_ acknowledge that  
(legal name of provider transferor on file with IRS) (legal name of transferee applicant on file with IRS)  
 the Medi-Cal Provider Agreement between the provider transferor and the Department of Health Care Services for the business operations at this location is being assigned to the transferee applicant effective \_\_\_\_\_. The provider transferor and transferee applicant acknowledge  
(effective date of transfer)  
 and agree that he/she/they/it will be jointly and severally liable for all debts arising from the Medi-Cal Provider Agreement applicable to the location for which the transferor's provider number was issued, until the provider number transferred pursuant to this agreement is deactivated.\*

**FOR PROVIDER TRANSFEROR**

Signed this \_\_\_\_\_ day of \_\_\_\_\_,  
(day of month) (month) (year)

in \_\_\_\_\_, California.  
(name of county where signed)

\_\_\_\_\_  
(signature of provider transferor) (date)

\_\_\_\_\_  
(current Medi-Cal provider number or NPI of provider transferor) ("Fictitious Business" name of provider transferor, if applicable)

**FOR TRANSFEEE APPLICANT**

Signed this \_\_\_\_\_ day of \_\_\_\_\_,  
(day of month) (month) (year)

in \_\_\_\_\_, California.  
(name of county where signed)

\_\_\_\_\_  
(signature of transferee applicant) (date)

\_\_\_\_\_  
(current Medi-Cal provider number or NPI of transferee applicant, if applicable) ("Fictitious Business" name of transferee applicant, if applicable)

I \_\_\_\_\_, declare under penalty of perjury under the laws of  
(name of transferee applicant)  
 the State of California that I meet all of the requirements to be a Medi-Cal provider.

\_\_\_\_\_  
(date of signature)

Executed at \_\_\_\_\_, \_\_\_\_\_, on \_\_\_\_\_.  
(city) (state) (date)

\* Deactivation of the provider number will be caused by transferee applicant's application for a new provider number being approved, or being denied.

**Notary Public**

Notarization is required. The Certificate of Acknowledgement signed by the Notary Public must be in the form specified in Section 1189 of the Civil Code.

This letter should be postmarked no later than five (5) days after the occurrence of the circumstance listed in California Code of Regulations (CCR), Title 22, Section 51000.30(b). The transferee applicant must submit a complete application package to be received by the Department within 35 days of the occurrence of a circumstance listed in (b)(1), (b)(2), (b)(6), or (b)(7). This is required per CCR, Title 22, Section 51000.30(b).